

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

*Dr. R. R. Ruhl*  
33840  
File No. 33840  
Registered No. 8777  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jayson  
Township Raw  
City R-L-MO (No. St. Joseph Hosp)

Registration District No. 3002  
Primary Registration District No. \_\_\_\_\_

**2. FULL NAME**

Mrs. Mary Blanche Albertson

(a) Residence. No. 1332 Mantzall Ward. 9  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Albertson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-26-1894

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.  
33      11      2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

10. NAME OF FATHER James B. Allee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Barba Deatt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. John Albertson  
(Address) 1332 Mantzall

15. FILED 10/30/28 M. H. Crowe REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-29-1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1928, to Oct 29, 1928 that I last saw her alive on Oct 29, 1928, and that death occurred, on the date stated above, at 2:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Separated Placenta  
Placenta Rupt. (7 months)  
(duration) yrs. mos. ds. 1/2

CONTRIBUTORY Eclampsia  
(SECONDARY)  
(duration) yrs. mos. ds. 1/2

18. WHERE WAS DISEASE CONTRACTED 1441 B  
IF NOT AT PLACE OF BIRTH 1332 Mantzall

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 29-1928  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Cesarian Section  
(Signed) Irvin E. Ruhl, M. D.  
10/29, 1928 (Address) 2624 E 15 St (Baltic Bldg)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL California MO DATE OF BURIAL 10-30 1928

20. UNDERTAKER O. U. Mack ADDRESS 1915 E 15

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

